

EMS ADVISORY COUNCIL MEETING

MINUTES

October 20, 2011

AV Room 210-212 State Capitol

Members Present: Tim Meyer, Curt Halmrast, Jeff Sather, Doug Anderson, Kari Enget, Diane Witteman, Terry Ault, Liz Beck, , Gerald Uglem, Lynn Hartman and Marlene Miller.

Members Not Present: Jerry Jurena, June Herman and Mark Nelson

DoH Representatives Present: Tim Wiedrich, Tom Nehring, Ed Gregoire, Alan Aarhus, Lindsey Narloch, Mary Tello-Pool, Linda Zahn.

Others Present: Cody Freisz, and Darci Grunett

Tim Meyer welcomed the committee and introductions were made around the table.

Approval of Minutes: Discussion was held on the Ambulance Service Area under the Review of HB 1044. Motion was made to change the third bullet point to say: "The Division of EMS and Trauma will limit ambulance operators based on the needs of the areas. " (was stated as "The Division of EMS and Trauma will determine the ambulance responsible for said response areas based on the needs of the area.") Motion was made by Liz Beck, Kari Enget seconded all approved to make the change to that section of the minutes and to approve the minutes.

Report on Funding Area Committee meeting:

The committee gave a report from the meeting the night before. They discussed different options to establish funding areas. The law says that the state will establish funding areas. Map was passed around showing the funding areas which added up to 79 areas. Some areas have more than one ambulance. The committee recommends using this map as a starting point to develop funding areas and may be subject to change every two years.

Some of the criteria used for developing these regions were based on Reasonable EMS approach. Examples would be :

- Areas with hospitals in city
- Location of Highway corridors
- Better than 1,000 population
- Reasonable expectations of response times (9 minutes urban, 20 minutes rural, 30 minutes frontier)

The cross hashed areas (14 areas) are the ones that do are served by ambulances with 650 or more calls and would not qualify for funding if they prove that they could support themselves.

Points of discussion for funding areas.

- Would each area receive the same amount of funding? Each area will have an individual budget to come up with.
- The areas are at the minimal size. They can combine with other areas and become a bigger area, but they cannot be smaller than what they are now.
- Areas could work together and make a bigger area and combine their resources. Maybe even hire a coordinator to work with the whole area and manage funding. We should remain flexible and let these areas be creative in working together.
- The door is open on what they could do with the money as long as it is used for keeping the service running. Let them decide what their budget is.
- If we receive more requests than there is funding, who gets the money. In this case it was suggested that this committee would go through the applications and decide.
- The legislature will be reviewing this in next session and budgets will be changing every biennium.
- Should the urban areas be excluded from funding? Intent of HB1044 was to establish funding areas and submit reasonable budgets. If larger cities submit a reasonable budget showing a deficit, would they be eligible? Point was made not necessarily to exclude larger services, but to encourage them to work with their neighboring smaller services for staffing, education, and other needs.
- Holding back money? Some services are on the verge of failing at this time and some are discussing regionalized care. Examples, Pembina, Lamoure counties and 6 ambulances on highway 21 corridor. The issue would be who would take care of their area when they fail. If we hold back money we could maybe set parameters to use the hold back money or to use money from some of the areas that didn't use all of their money. But at the end of the biennium any money left over that hasn't been assigned to an area will go back.

Motion made that: Preference will be given to ambulance services that do less than 650 calls per year in the application process. Motion made by Doug Anderson, Jeff Sather seconded, all approved. Motion carried.

Discussion points on funding area map were:

- Bordering state services would not be included in the funding if they are not licensed in state.
- Lindsey will number the funding areas so they can be identified.

Motion was made to: Accept the funding area plan. Motion made by Doug Anderson, Kari Enget seconded, all approved. Motion carried.

Ambulance service areas committee: Recommendations

- Study on Public safety dispatch in state of ND should be performed. Standardization might be beneficial to accomplish the EMS mission in ND
- Ambulance service areas are determined by 911 coordinators as stated in statute with assistance from the division of EMS and Trauma. The 911 coordinators would draw lines for areas with help from the DEMST office. Lindsey created a map book a few years ago but there may be changes in that.
- Motion was made earlier to change wording in 3rd bullet point in last meetings minutes. (listed above in approval of minutes)

- The subdivisions could come to the state with complaints about their current operator and the Division of EMS and Trauma would evaluate any complaints and make recommendations if necessary.

Discussed wording on the 4th bullet point above.

Change on 4th bullet point, which states “Political subdivisions (city and county government) can come to the state with complaints on the level of service being provided. The Division of EMS and Trauma will evaluate any complaints and make recommendations if necessary.” **Motion to have the “make recommendations if necessary” be changed to say “can take action as needed”. Motion made by Doug Anderson, Diane Wittman seconded, all approved. Motion carried.**

Local Match

Should be more detail in this area. Local match can be hard or soft match. The only soft match we wouldn't allow is to include volunteer hours as donated labor. Review of what is stated in the bill regarding matching funds. Issues are regarding the definition of in kind donations and the other issue is revenue that is generated from ambulance calls. Regarding ambulance calls most ambulances would have already met their match. Discussion on what was written in statute regarding local matches. Not much we can add or change to the bill. Some areas may have already met the local match before step one depending on the \$10 per capita issue. EMSAC could make recommendations and additional criteria could be added. There may be instances where a service may not have enough to cover their match and could then use hard match in other ways that could be tax dollars or revenue.

Motion made to: Accept recommendations to include hard and soft match except unpaid donated labor. Motion made by Doug Anderson, Kari Enget seconded, all approved. Motion carried.

Lunch break.

Reasonable Cost

Discussion on bullet points of this committee. The committee worked on the reasonable costs of an ambulance. Reasonable cost of EMS operation for 1 rig and 24/7 staff is \$360,000 (\$70,000 for miscellaneous costs and \$288,730 for fully staffed). This was based on the SafeTech power point. Discussion was held regarding the use of a spreadsheet for ambulances to document their budgets. Showed an example of a budget spreadsheet the committee can use as a starting point to come up with a spreadsheet that could be used for the funding areas. If more than one service is in a funding area they would work on the budget spreadsheet as a group.

Motion made to accept the recommendations with the inclusion of using the budget sheet that SafeTech provided with modifications as appropriate. Motion made by Doug Anderson, Kari Enget seconded, all approved. Motion carried.

The budget sheet template will be sent to the committee by e-mail.

The next step is for DEMST to take the committees' recommendations and start drafting rules. The drafted rules would come back to the committee before the next process.

Other Business

Some of the committee members attended the stakeholders meeting for STEMI. Dr Sather gave a review of this meeting. Working with the Heart Association and the Helmsley Foundation to get grants and funding for the STEMI program. Helmsley Foundation has committed \$4 million to the project, with the remaining 1/3 coming from the legislature (\$600,000), Trinity Hospital in Minot pledging their current STEMI funding, the six tertiary care hospitals, the AHA, and several private donors.

The time line for the project is 2 years. The 1st year of funding would be getting all hospitals in the state capable of receiving transmitted EKG's and putting 12-lead EKG's in all ambulance services in the state along with Trinity to use those devices.

2nd year of funding would be to develop a statewide system of care for state. The funding would also include conferences, educational opportunities, data entry.

The stakeholders looked at the vendors' devices and systems. Recommendations were for the Physio Control Lifenet receiving station. If an agency went with a different device they could have some technical difficulties to work through but it would work.

Trinity and Watford City are the only hospitals with this equipment at this time.

Dr. Sather informed the committee that they are welcome to come to these stakeholder meetings.

The equipment is simple to use and fast and it would be an asset for ambulance services. It would cost around \$200 a year for the data program.

Three million dollars will go into just the equipment. There will be upkeep on the equipment and making sure things are up to date.

There is a lot of technology that is involved with this system.

Oil Impact Issues

The state has 17 oil and gas producing counties. There are 44 ambulance services within this area.

There were a couple of recommendations from SafeTech after looking at Williams, Dunn, Mountrail and McKenzie counties.

1. Establish an organization to represent EMS in Oil impact area. This organization is called OIEMS (Oil Impact in Emergency Medical Services). They are a part of EMS association and they are applying for a 501C3 so that any money collected by this group will be tax free and donations can be tax exempt.
2. Department of Health should name a regional oil Impact director from our office. Someone needs to be working in those areas to see the needs and the issues.

We are dealing with a crisis here regarding EMS. The landscape of EMS in these areas has drastically changed. The ambulances have doubled their volume of calls and they are doing more than they can handle. Some are barely surviving.

OIEMS is trying to get the special legislative session to consider additional oil impact monies for EMS in those areas. Legislature allocated a budget of 100 million dollars for the next biennium for oil impact areas. They, an Energy committee under the Land Dept, do not consider EMS as part of the infrastructure but they have a cycle for funding EMS and fire. The problem is they cannot allocate more than 60% of the funds a year. The three hub cities, Minot, Williston and Dickinson get 35% of that off the top and there are a couple funding cycles that have occurred already, ex: municipalities. The cycle is coming in January for EMS and fire and it is doubtful there will be any money left to allocate for EMS in those areas. This is why there is movement to have special legislature consider impact funds. Next year there may be under 40 million dollars left. Not sure where EMS and fire will stand.

Cody handed out a budget spreadsheet for the group to look over and discuss. It shows the amount requested for fiscal years ending in 2008-2011. It shows the county and the total amount the counties requested, and how much of that was for EMS and fire. Of the last 4 years 4% of funding went to EMS. OIEMS group is conducting assessments of ambulance services in oil producing counties to get a better idea of the true impact from the other counties that were not included in the 4 counties that were in the SafeTech report. The results of that assessment will be collected and analyzed and put into a report for a group of Legislators from those areas. Ken Tupa is their lobbyist and is working to see if the special session will consider oil impact infrastructure. Ken is working with a couple of Senators, the League of Cities and the Association of Counties to see what their intake is.

Some of the aims of OIEMS are:

- Getting donations from oil companies.
- Educational component

This group is hoping to be a voice for these areas affected. They are starting to get information out to oil companies and state and local governments on how the impact of oil development is affecting EMS.

They have had monthly meetings which are open . So far they have been held in Watford City.

Upper Great Plains Transportation Institute Study

Lindsey sent a map around and discussed it. The Upper Great Plains Transportation Institute is working on a project with our ambulance service areas, our ambulance locations and trauma centers looking at relation of car crashes. They are trying to develop a decision making tool for resource optimization. The map is based on roads. It shows response times but the time listed on the map does not include shuttles and does not include time back to their ambulance bay. UGP is working on programming that would allow us to put in different parameters that would tell us optimal locations for an EMS unit and other forms of data we may want to collect with the changes happening in the state. There are possibilities to use overlays to give us other forms of data.

Thank you's went out to Lindsey for all the work she did on maps and data for the committee.

Next meeting will be November 17, 2011 in AV Rooms 210-212.

Meeting adjourned